

Application or Document Number: **10082058**

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	RATE	FEE	OR	OTHER THAN SMALL ENTITY
BASIC FEE (37 CFR 1.16(a))				\$ _____	OR	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		X \$ _____ =		OR	X \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		X \$ _____ =		OR	X \$ _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ _____ =		OR	+ \$ _____ =
			TOTAL		OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A 10/18/04

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
Total (37 CFR 1.16(c))	13	Minus	20	=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))	3	Minus	20	=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

AMENDMENT B

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
Total (37 CFR 1.16(c))		Minus		=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))		Minus		=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

AMENDMENT C

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
Total (37 CFR 1.16(c))		Minus		=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))		Minus		=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =		OR	+ \$ _____ =
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☒ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.